

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09852209.

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10	1					
11		1				
12		1				
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35	1					
36	1					
37	1					
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39	1					
40	1					
41	1					
42		1				
43	1					
44		1				
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		54		44		34

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53	1					
54	1					
55	1					
56	1					
57	1					
58		1				
59	1					
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97						
98						
99						
100						
TOTAL IND.	24	↓		↓		↓
TOTAL DEP.	36	←		←		←
TOTAL CLAIMS	60					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS